

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	778	8/14/01
RESPONSE FORMALITY REVIEW	MM	778	8/31/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	10/15/01
2	4/25/02
3	12/6/02
4	6/30/03
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32	✓
33	✓
34	✓
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38	✓
39	✓
40	✓
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44	✓
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48	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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